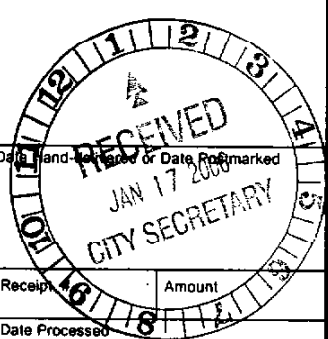




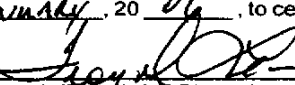
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Sue NICKNAME LAST Lovell	MI SUFFIX	OFFICE USE ONLY  Date Received Date Hand-Received or Date Postmarked Receipt Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1802 West Main Houston TX 77098		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 960-1601		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Dawn NICKNAME LAST Dancy	MI SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1033 Bayland Avenue, Unit 2 Houston TX 77009		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 863-9690		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 12 / 01 / 2005 12 / 31 / 2005		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Houston City Council, At-Large Position 2	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code <input type="checkbox"/> additional pages		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Sue Lovell		16 ACCOUNT # (Ethics Commission Name)	
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<small>** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **</small>		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 40.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 57,480.04
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES		\$ 81,777.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 15,033.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>19 AFFIDAVIT</p> <div style="text-align: center;">  </div> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> </div> <div style="width: 55%;"> <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <div style="text-align: right; margin-top: 20px;">  Signature of Candidate or Officeholder </div> </div> </div> <div style="margin-top: 20px;"> <p>Sworn to and subscribed before me, by the said <u>Sue Lovell</u>, this the <u>17</u> day of <u>January</u>, 20<u>06</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>  Signature of officer administering oath </div> <div> Printed name of officer administering oath </div> <div> Title of officer administering oath </div> </div> </div>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **32**

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/1/2005

5 Full Name of Contributor:

Valerie R. Ploumpis☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Washington, DC 20015

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/1/2005

5 Full Name of Contributor:

Roberto Gonzalez☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$2,500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77019

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/1/2005

5 Full Name of Contributor:

Russell Ybarra☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Pasadena, TX 77505

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/1/2005

5 Full Name of Contributor:

Dinah A Weems☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77024

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/1/2005

5 Full Name of Contributor:

William E. Colburn☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77006-

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **32**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date 12/1/2005	5 Full Name of Contributor: Josena Arqueta	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77041				

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date 12/1/2005	5 Full Name of Contributor: Algenita Scott Davis	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77004				

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date 12/1/2005	5 Full Name of Contributor: Richard F. Kammerer	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019				

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date 12/1/2005	5 Full Name of Contributor: Diana Musslewhite	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007				

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date 12/1/2005	5 Full Name of Contributor: Cathy Terte	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77057				

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **32**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date 12/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Carolyn Allgood	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027-5404		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date 12/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Andrew P. Tobias	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Miami, FL 33138-5717		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date 12/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) James O Stepp	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] New York, NY 10014-6834		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date 12/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Michael B. McPhail	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Irving, TX 75062		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date 12/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) James C. Hormel	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] San Francisco, CA 94104		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 32	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Andrew J. Wilcox 6 Contributor Address: City, State, Zip Code [REDACTED] Ingleside, TX 78362-6310	7 Amount of contribution (\$): \$10.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Tony Gale 6 Contributor Address: City, State, Zip Code [REDACTED], Boston, MA 02118	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Carrin Foreman Patman 6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77002	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Angela Jewel Beavers 6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) James F. Dausch 6 Contributor Address: City, State, Zip Code [REDACTED] Arlington, VA 22209	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 32	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Steven P. Catanich 6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Alice A. Bohlæ 6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Vergil R. Ratliff 6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77254	7 Amount of contribution (\$): \$200.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Diedra S Dierks 6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Angela Peek 6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77008	7 Amount of contribution (\$): \$20.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The instruction Guide explains how to complete this form.

1 Total pages this schedule A: **32**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/1/2005

5 Full Name of Contributor:

Nathelyne A. Kennedy PE☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77081

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/1/2005

5 Full Name of Contributor:

Tirey B. Counts☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$25.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77025

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/1/2005

5 Full Name of Contributor:

Michael Howard Laster☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77057-3732

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/1/2005

5 Full Name of Contributor:

Randall Ellis☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Austin, TX 78722

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/2/2005

5 Full Name of Contributor:

William L. Taylor Jr.☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77006-

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **32**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/2/2005

5 Full Name of Contributor:

Garnet F. Coleman Campaign

☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):

\$2,650.00

8 In kind contribution
description (if applicable):

GOTV Expenses

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77288

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/2/2005

5 Full Name of Contributor:

William D. Dodson

☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):

\$50.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77019-6308

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/2/2005

5 Full Name of Contributor:

Edie Cofrin

☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):

\$100.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Atlanta, GA 30306-3002

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/2/2005

5 Full Name of Contributor:

Janet Elizabeth Mathews

☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):

\$100.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77019-6114

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/2/2005

5 Full Name of Contributor:

Asaf R Qadeer M.D.

☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):

\$1,000.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77024

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **32**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/2/2005

5 Full Name of Contributor:

Mark Parthle☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77007-7618

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/2/2005

5 Full Name of Contributor:

Richard L. Flowers Jr☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77007-2008

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/2/2005

5 Full Name of Contributor:

Timothy E. Kollatschny☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77025-

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/2/2005

5 Full Name of Contributor:

Thomas R. Crow☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77027

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/2/2005

5 Full Name of Contributor:

Suzanne R. Null☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77025-3232

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **32**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/2/2005

5 Full Name of Contributor:

Edmund L. Cogburn☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77002

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/2/2005

5 Full Name of Contributor:

Gordon H. Weisser☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$300.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77019-5655

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/2/2005

5 Full Name of Contributor:

Charles King Sanders☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77019

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/2/2005

5 Full Name of Contributor:

Charles E. Armstrong☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77006-6560

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/2/2005

5 Full Name of Contributor:

Hilary Tyson☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$700.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Murphy, TX 75094

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 32	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/2/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Yolanda B Navarro	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77003			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Karl J. Reinhardt	7 Amount of contribution (\$): \$200.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Bellaire, TX 77401-5407			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Jay L. Moore Jr	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Kenneth W. Lester D.C.	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Edward Moss	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
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(FOR FORMS C/OH and SPAC)

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2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/2/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) R C Slagle III	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Sherman, TX 75091			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Sharon E. Macha	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77035			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Brandon Hernandez	7 Amount of contribution (\$): \$150.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], San Francisco, CA 94107			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) William F. Bulcher	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77030-1119			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Muffie Moroney	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 32	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Michael Seto 6 Contributor Address: City, State, Zip Code Washington, DC 20009	7 Amount of contribution (\$): \$35.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Olive E O'Connor 6 Contributor Address: City, State, Zip Code Houston, TX 77006	7 Amount of contribution (\$): \$75.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Geoffrey Alan Berg 6 Contributor Address: City, State, Zip Code Houston, TX 77002-	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Sheila W. Blake 6 Contributor Address: City, State, Zip Code Houston, TX 77035	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Angela Blanchard 6 Contributor Address: City, State, Zip Code Houston, TX 77004	7 Amount of contribution (\$): \$400.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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1 Total pages this schedule A: **32**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/4/2005

5 Full Name of Contributor:

Gay or Lesbian Dollars PAC☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$254.25**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77266-7307

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/4/2005

5 Full Name of Contributor:

African Coalition PAC☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77045

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/4/2005

5 Full Name of Contributor:

Terri Daggert DiRaddo☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$25.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77007

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/5/2005

5 Full Name of Contributor:

Kenneth Coleman☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77021

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/5/2005

5 Full Name of Contributor:

William Wachel Jr.☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$25.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77007

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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1 Total pages this schedule A: **32**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/5/2005

5 Full Name of Contributor:

Houston Police Patrolmen's Union PAC☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77018

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/5/2005

5 Full Name of Contributor:

Alan J. Hurwitz M.D.☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77006-3801

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/6/2005

5 Full Name of Contributor:

Kent Sack☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Pacheco, CA 94553

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/6/2005

5 Full Name of Contributor:

Burney & Foreman, Attorneys-At-Law☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77004

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Michael Rosmarin☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77027

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A: **32**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/7/2005

5 Full Name of Contributor:

F Taylor Moore☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$200.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77008

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Patricia C. Williamson☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$150.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Galveston, TX 77554

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Mark Stanton Wood☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77004-7331

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Patti McGuire Strong☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77056-3600

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Rachel Lavine☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] New York, NY 10011

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
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2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Gary Teixeira	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007-8347			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Shellye Arnold	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Dan H. Ronberg	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Los Angeles, CA 90069-1244			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Cecelia R. Allen	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Missouri City, TX 77459			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Wanda J. Hignight	7 Amount of contribution (\$): \$400.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
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1 Total pages this schedule A: **32**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/7/2005

5 Full Name of Contributor:

Mary Van Schaick

☐ out of state PAC (ID#)7 Amount of
contribution (\$):

\$10.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] North Wales, PA 19454

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

J. Michael Aycock

☐ out of state PAC (ID#)7 Amount of
contribution (\$):

\$200.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Atlanta, GA 30306

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

AFSCME - National Office

☒ out of state PAC (ID# C00011114)7 Amount of
contribution (\$):

\$1,000.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Washington, DC 20036

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Thomas Uskali

☐ out of state PAC (ID#)7 Amount of
contribution (\$):

\$25.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Fort Lauderdale, FL 33312

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Shannon S. Scoville

☐ out of state PAC (ID#)7 Amount of
contribution (\$):

\$100.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77006

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 32	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Marc Krasnow	7 Amount of contribution (\$): \$10.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] New York, NY 10113			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Patrick McIntyre	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Washington, DC 20009			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Howard N Menaker	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Lanham, MD 20706			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Elyse J. Meyer	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77035			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Susan B. Walden	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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1 Total pages this schedule A: **32**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/7/2005

5 Full Name of Contributor:

Carl M. Cliver☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$10.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Studio City, CA 91607

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Peter H. Boyle☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77006

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Alan G Arnold☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Wharton, NJ 07889-0150

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

David V. Evans☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Arlington, VA 22206

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Alan Morlan☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77007

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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1 Total pages this schedule A: **32**

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/7/2005

5 Full Name of Contributor:

Ross M. Smith☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77005-2334

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Nancy McCarty☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77009

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

David Wochner☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Washington, DC 20003

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Eric Hsu☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Oakland, CA 94618

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Rae Lynn White☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$25.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77008-

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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1 Total pages this schedule A: **32**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/7/2005

5 Full Name of Contributor:

Amy Nelson☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Washington, DC 20009

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Ryan Goodland☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$25.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77030

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Edward Miller☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Texarkana, TX 75504

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Randolph Kendall Tibbits☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77006-6311

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Hale & Associates P. C.☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77057

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 32	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Frank E. Hood Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code _____, Houston, TX 77019-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Daniel J. Snooks	7 Amount of contribution (\$): \$125.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code _____, Houston, TX 77234-4834			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Carltn Klemm	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code _____, Houston, TX 77018			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Mary Katherine Lowery	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code _____, Houston, TX 77266			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Ronald L. Mullinax	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code _____, Houston, TX 77077-6841			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **32**

2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/7/2005

5 Full Name of Contributor:

Marion Kay Saunders

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$20.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED] Houston, TX 77025-1330

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

H. Joe Nelson III

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$250.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED] Houston, TX 77006-6321

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Houston Gay & Lesbian Political Caucus PAC

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$1,000.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED] Houston, TX 77266

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

William Arnett Camfield

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$50.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED] Houston, TX 77006

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/7/2005

5 Full Name of Contributor:

Dorothy D. Newton

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$50.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED] Houston, TX 77098

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 32	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Reba Merlin Freedman 6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77098	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Richard F. Hightower 6 Contributor Address: City, State, Zip Code [REDACTED], Houston,, Tx 77027-	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Ann Tuck Williams 6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77004	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Daniel M. Jones 6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77098	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Tomaro M. Lamberson-Bell 6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77021	7 Amount of contribution (\$): \$200.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 32	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) C. Patrick McIlvain 6 Contributor Address: City, State, Zip Code Houston, TX 77007-8113	7 Amount of contribution (\$): \$45.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Joseph M. Chernow CPA 6 Contributor Address: City, State, Zip Code Houston, TX 77007	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Roberta Hicks 6 Contributor Address: City, State, Zip Code Amarillo, TX 79106	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/8/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Edwin Johnson 6 Contributor Address: City, State, Zip Code San Antonio, TX 78232	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/8/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Dawn Dancy 6 Contributor Address: City, State, Zip Code Houston, TX 77009	7 Amount of contribution (\$): \$60.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **32**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/9/2005

5 Full Name of Contributor:

Kim K. Ogg

☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):

\$100.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77023

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/9/2005

5 Full Name of Contributor:

Lara Wendler

☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):

\$1,000.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Austin, TX 78746

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/9/2005

5 Full Name of Contributor:

Stephanie Gans

☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):

\$25.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Washington, DC 20003

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/9/2005

5 Full Name of Contributor:

Chris E. Ehlinger

☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):

\$50.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77008

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/9/2005

5 Full Name of Contributor:

Mary Anne Placentini

☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):

\$50.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77030

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 32	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/10/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Mary Lippman	7 Amount of contribution (\$): \$200.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) M. A. "Ron" Diftler	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77062			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/12/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Shirley R Muse	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/12/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Milton Architects	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/13/2005	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC (ID# C00193433) EMILY's List Federal Fund	7 Amount of contribution (\$): \$1,430.79	8 In kind contribution description (if applicable): staff and travel costs
6 Contributor Address: City, State, Zip Code [REDACTED] Washington, DC 20036			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 32	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Houston Police Officers Union PAC 6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007-7730	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/14/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Yigal Kass 6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098	7 Amount of contribution (\$): \$200.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/14/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Higher Health, P.C. 6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/21/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) HAA Better Government Fund 6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77099-3496	7 Amount of contribution (\$): \$3,000.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/21/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Gerald M. Brady 6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77291	7 Amount of contribution (\$): \$1,100.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **32**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/21/2005

5 Full Name of Contributor:

Locke Liddell & Sapp LLP☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
_____, Houston, TX 77002-3095

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/24/2005

5 Full Name of Contributor:

Home-PAC (Greater Houston Bldrs Assoc)☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
_____, Houston, TX 77064-

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/24/2005

5 Full Name of Contributor:

M.J. Khan for City Council☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
_____, Houston, TX 77072

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/24/2005

5 Full Name of Contributor:

The Mukoro & Associates Law Firm☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
_____, Houston, TX 77027

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/24/2005

5 Full Name of Contributor:

Mumtaz Khan☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
_____, Sugar Land, TX 77478

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 32	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/24/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Pakistan American Council of Texas	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code _____, Houston, TX 77074			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/24/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Mohammad Zaheer	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code _____, Sugar Land, TX 77479			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/24/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Raymond Turner	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code _____, Houston, TX 77017			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/24/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Farhan Shamsi	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code _____, Katy, TX 77450-8255			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/24/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Mohammad T. Zaka	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code _____, Missouri City, TX 77459			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 32	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/24/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Farooq Khan	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77083			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 12/24/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Saeed Gaddi	7 Amount of contribution (\$): \$200.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Sugar Land, TX 77479			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 12/24/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Barbara Ettinger	7 Amount of contribution (\$): \$200.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77094			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 12/24/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Nomaan K Husain	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77025			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 12/24/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Zafar Tahir	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Sugarland, TX 77478			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 32	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/24/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Shahadat H. Khan	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code _____, Houston, TX 77042			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/28/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Patrice M. Barron	7 Amount of contribution (\$): \$10.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code _____, Houston, TX 77057			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 12/29/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Marsha Hill	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code _____, Houston, TX 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

Schedule A1 Report Total: **\$57,440.04****ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**

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POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 1

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 12/1/2005	Payee Name Chris Watson				Amount (\$)
	Payee address 3303 Louisiana, Suite 145	City; Houston	State; TX	Zip Code 77006	\$3,325.00
Purpose of payment (See instructions regarding type of information required) GOTV Expenses			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 12/1/2005	Payee Name KCOH				Amount (\$)
	Payee address 5011 Almeda Road	City; Houston	State; TX	Zip Code 77004	\$3,510.00
Purpose of payment (See instructions regarding type of information required) Radio Advertising			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 12/1/2005	Payee Name La Griglia				Amount (\$)
	Payee address 2002 West Gray	City; Houston	State; TX	Zip Code 77019	\$588.95
Purpose of payment (See instructions regarding type of information required) Catering			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 12/2/2005	Payee Name KMJQ				Amount (\$)
	Payee address 24 E Greenway Plz # 1508	City; Houston	State; TX	Zip Code 77046	\$2,875.00
Purpose of payment (See instructions regarding type of information required) Radio Advertising			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 2

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 12/2/2005	Payee Name KBXX	Amount (\$)	
Payee address City; State; Zip Code 24 E Greenway Plz # 900 Houston TX 77046		\$400.00	
Purpose of payment (See instructions regarding type of information required) Radio Advertising		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/2/2005	Payee Name KWWJ	Amount (\$)	
Payee address City; State; Zip Code 1520 South Loop West Houston TX 77054		\$1,575.00	
Purpose of payment (See instructions regarding type of information required) Radio Advertising		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/3/2005	Payee Name US Postal Service	Amount (\$)	
Payee address City; State; Zip Code Julius Melcher Location Houston TX 77027		\$185.00	
Purpose of payment (See instructions regarding type of information required) Postage		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/3/2005	Payee Name US Postal Service	Amount (\$)	
Payee address City; State; Zip Code Julius Melcher Location Houston TX 77027		\$370.00	
Purpose of payment (See instructions regarding type of information required) Postage		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 3

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 12/3/2005	Payee Name Office Depot	Amount (\$)
	Payee address City; State; Zip Code 3443 Kirby Drive Houston TX 77098	\$40.29
Purpose of payment (See instructions regarding type of information required) Office Supplies		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/3/2005	Payee Name FedEx Kinko's	Amount (\$)
	Payee address City; State; Zip Code 2200 SW Freeway Houston TX 77098	\$987.31
Purpose of payment (See instructions regarding type of information required) Photocopies, Printing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/3/2005	Payee Name Rindy Miller Media	Amount (\$)
	Payee address City; State; Zip Code 2401 East 6th Street, Suite Austin TX 78702 1003	\$40,000.00
Purpose of payment (See instructions regarding type of information required) Television Advertising		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/3/2005	Payee Name Parrent Printing	Amount (\$)
	Payee address City; State; Zip Code 4901 Milwee Houston TX 77092	\$87.68
Purpose of payment (See instructions regarding type of information required) Printing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 12/3/2005	Payee Name SBC	Amount (\$)
Payee address City; State; Zip Code 555 Main Street, Room 228-CR Beaumont TX 77701		\$723.71
Purpose of payment (See instructions regarding type of information required) Telephone		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/3/2005	Payee Name Sprint Digital Print, Inc.	Amount (\$)
Payee address City; State; Zip Code 10100 Clay Road, Suite C Houston TX 77080		\$921.05
Purpose of payment (See instructions regarding type of information required) Printing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/3/2005	Payee Name Grant Martin Consulting	Amount (\$)
Payee address City; State; Zip Code 1708 Broderick Street San Francisco CA 94115		\$1,949.22
Purpose of payment (See instructions regarding type of information required) Automated Phone Calls		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/5/2005	Payee Name Discover	Amount (\$)
Payee address City; State; Zip Code P.O. Box 30943 Salt Lake City UT 84130		\$2.87
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.				Total pages Schedule F Page 5	
FILER NAME Sue Lovell				ACCOUNT # (Ethics Commission filers)	
Date 12/5/2005	Payee Name American Express			Amount (\$) \$83.13	
Payee address PO Box 360001			City; Ft. Lauderdale	State; FL	Zip Code 33336
Purpose of payment (See instructions regarding type of information required) Credit Card Processing			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 12/6/2005	Payee Name American Express			Amount (\$) \$4.65	
Payee address PO Box 360001			City; Ft. Lauderdale	State; FL	Zip Code 33336
Purpose of payment (See instructions regarding type of information required) Credit Card Processing			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 12/6/2005	Payee Name Chris Watson			Amount (\$) \$5,250.00	
Payee address 3303 Louisiana, Suite 145			City; Houston	State; TX	Zip Code 77006
Purpose of payment (See instructions regarding type of information required) GOTV Expenses			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 12/7/2005	Payee Name Dinah Weems			Amount (\$) \$1,500.00	
Payee address 10930 Memorial Drive			City; Houston	State; TX	Zip Code 77024
Purpose of payment (See instructions regarding type of information required) Consulting			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 12/7/2005	Payee Name Chris Watson	Amount (\$)
	Payee address City; State; Zip Code 3303 Louisiana, Suite 145 Houston TX 77006	\$550.00
Purpose of payment (See instructions regarding type of information required) T-Shirts		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/7/2005	Payee Name Merchant Bank Card	Amount (\$)
	Payee address City; State; Zip Code 40960 California Oaks Road, Murrieta CA 92562 Suite 209	\$35.46
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/7/2005	Payee Name Merchant Bank Card	Amount (\$)
	Payee address City; State; Zip Code 40960 California Oaks Road, Murrieta CA 92562 Suite 209	\$5.00
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/7/2005	Payee Name Rindy Miller Media	Amount (\$)
	Payee address City; State; Zip Code 2401 East 6th Street, Suite Austin TX 78702 1003	\$3,500.00
Purpose of payment (See instructions regarding type of information required) Television Advertising		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 12/7/2005	Payee Name Rindy Miller Media	Amount (\$) \$2,500.00
Payee address 2401 East 6th Street, Suite 1003		City; Austin
State; TX		Zip Code 78702
Purpose of payment (See instructions regarding type of information required) Television Advertising		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/7/2005	Payee Name Kathryn McNiel	Amount (\$) \$1,250.00
Payee address P.O. Box 131835		City; Houston
State; TX		Zip Code 77219
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/7/2005	Payee Name Whitney Kemp	Amount (\$) \$1,500.00
Payee address 3502 Burlington, Apt. 9		City; Houston
State; TX		Zip Code 77006
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/8/2005	Payee Name KSEV Radio	Amount (\$) \$718.25
Payee address 11451 Katy Freeway Ste. 215		City; Houston
State; TX		Zip Code 77079
Purpose of payment (See instructions regarding type of information required) Radio Advertising		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

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FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 12/8/2005	Payee Name Parrent Printing	Amount (\$)
	Payee address City; State; Zip Code 4901 Milwee Houston TX 77092	\$834.61
Purpose of payment (See instructions regarding type of information required) Printing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/8/2005	Payee Name American Express	Amount (\$)
	Payee address City; State; Zip Code PO Box 360001 Ft. Lauderdale FL 33336	\$31.00
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/9/2005	Payee Name Rindy Miller Media	Amount (\$)
	Payee address City; State; Zip Code 2401 East 6th Street, Suite Austin TX 78702 1003	\$3,000.00
Purpose of payment (See instructions regarding type of information required) Television Advertising		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/10/2005	Payee Name FedEx Kinko's	Amount (\$)
	Payee address City; State; Zip Code 2200 SW Freeway Houston TX 77098	\$39.34
Purpose of payment (See instructions regarding type of information required) Overnight Delivery		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

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FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 12/11/2005	Payee Name Whitney Kemp	Payee address 3502 Burlington, Apt. 9			City; Houston	State; TX	Zip Code 77006	Amount (\$) \$2,000.00
Purpose of payment (See instructions regarding type of information required) Consulting					** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 12/12/2005	Payee Name American Express	Payee address PO Box 360001			City; Ft. Lauderdale	State; FL	Zip Code 33336	Amount (\$) \$31.00
Purpose of payment (See instructions regarding type of information required) Credit Card Processing					** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 12/12/2005	Payee Name Bank of America	Payee address 1905 West Gray			City; Houston	State; TX	Zip Code 77019	Amount (\$) \$5.00
Purpose of payment (See instructions regarding type of information required) Bank Charge					** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 12/13/2005	Payee Name Network Solutions	Payee address 10 Azalea Drive			City; Drums	State; PA	Zip Code 18222	Amount (\$) \$19.83
Purpose of payment (See instructions regarding type of information required) Website Hosting					** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 12/13/2005	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code 1708 Broderick Street San Francisco CA 94115	\$22.50
Purpose of payment (See instructions regarding type of information required) Reimb Delivery Fee		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/13/2005	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code 1708 Broderick Street San Francisco CA 94115	\$31.48
Purpose of payment (See instructions regarding type of information required) Reimb Delivery Fee		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/13/2005	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code 1708 Broderick Street San Francisco CA 94115	\$260.24
Purpose of payment (See instructions regarding type of information required) Email Service		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/13/2005	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code 1708 Broderick Street San Francisco CA 94115	\$1,000.00
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 12/31/2005	Payee Name PayPal				Amount (\$)
	Payee address P.O. Box 45950	City; Omaha	State; NE	Zip Code 98145	\$65.09
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			

Schedule F Report Total: \$81,777.66

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4MS

American Federation of State, County and Municipal Employees

ADDRESS (number and street)

1625 L Street, N.W.

(Check if address
is changed)

Washington,

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 23 2001

3. FEC IDENTIFICATION NUMBER ►

C 00011114

4. IS THIS STATEMENT

NEW (N)

OR

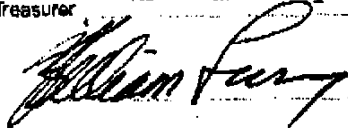
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William Lucy

Signature of Treasurer



Date

04 23 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1ANG46.PDF

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Riggs National Bank

Mailing Address

1800 M Street, N.W.

Washington,

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Amalgamated Bank of New York

Mailing Address

1825 K Street, N.W.

Washington,

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲



FEC FORM 1

STATEMENT OF ORGANIZATION

FILING FEC-168915

1. EMILY's List

1120 Connecticut Avenue NW
Ste 1100
Washington, DC 20036

2. Date: 03/29/2005

3. FEC Committee ID #: C00193433

This committee supports/opposes more than one Federal candidat

Affiliated Committees/Organizations

Custodian of Records:

Caroline Fines
1120 Connecticut Ave NW
Suite 1100
Washington, DC 20036
Title: Dr of Finance & Comp
Phone # (202) 326-1400

Treasurer:

Britt Cocanour
1120 Connecticut Avenue NW
Ste 1100
Washington, DC 20036
Title: Treasurer
Phone # (202) 326-1400

Designated Agent(s):

Caroline C. Fines
1120 Connecticut Avenue NW
Ste 1100
Washington, DC 20036
Title: Assistant Treasurer
Phone # (202) 326-1400

Banks or Depositories

Signed: Britt Cocanour
Date Signed: 03/29/2005
Official Committee URL: www.emilyslist.org

(End FEC FORM 1)



Generated Tue Oct 11 01:15:40 2005